

**Cecy's Gallery & Studios
Summer Camp 2019
Durham, NC**



CAMP DESCRIPTION

Campers will learn one fun new craft per day, such as painting, collage, jewelry, air-dry clay, etc. They will also have snack and recreation time in Durham Central Park (weather permitting). At the end of each week, parents are invited to a children's art show featuring their child's artwork, from 12:00 to 12:30 PM on Friday.

CAMP OVERVIEW

Session 1: June 17-June 21, 2019

Session 2: July 8-July 12, 2019

All sessions are from 9 AM to 12 PM, 5 days a week. Cost is \$175 per child. Sibling discount of \$10 for the second and subsequent child(ren). Campers must be between the ages of 8 and 12 years old during the duration of the camp session(s). Limit of 8 campers per session.

To apply: complete pages 2 and 3 of this application. Full payment is due at time of application. Make your check payable to Cecy's Gallery & Studios. Mail application and check to: Cecy's Gallery & Studios, 417 Foster Street, Durham, NC, 27701. The deadline is June 10, 2019.

CAMP CONTACT INFORMATION

Location: 417 Foster St., Durham, NC, 27701

Website: www.cecysgallery.com

Email: cecysdurham@gmail.com

Phone: 919-908-0031

Summer Camp Cell: 919-616-5587

ARRIVALS/DEPARTURES

Campers must arrive between 9:00 and 9:15 AM Monday-Friday. Parents must walk their camper in and sign the check-in sheet.

Campers must be picked up between 12:00 and 12:15 PM Monday-Friday. Parents must walk in to pick up their child and sign the check-out sheet.

Free parking is available on Hunt Street.

WHAT TO BRING

Snack and water bottle (lunch is not provided)

Loose-fitting t-shirt that can get paint on it.

Sunscreen for outdoor time.

CANCELLATIONS AND REFUNDS

75% refund if cancellation is made before June 10. No refund available if cancellation is made June 10 or later.

CAMP APPLICATION
please print neatly

Applying for which session (please check ONE option):

First session only (June 17-21) _____ Second session only (July 8-12) _____ Both sessions _____

Child

First _____ Middle _____ Last _____
Grade _____ Birth date ____/____/____ Age (as of June 17, 2019) _____

Parent/Guardian Contact Information

Parent/Guardian #1

First _____ Last _____ Relation to child _____
Street Address _____
City _____ State ____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____ Relation to child _____
Street Address _____
City _____ State ____ Zip code _____ Home Phone _____
Cell phone _____ E-mail _____

Child lives with: _____

Emergency Contact Information

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Pickup Information

Optional: please list up to three people (other than parents/guardians) who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Medical Conditions and Medications

Please list any medical or behavioral conditions, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

In Case of Medical Emergencies

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. If a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I understand that Cecy’s Gallery & Studios will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials _____

Photo Release

I give permission for my child to be photographed during the Cecy’s Gallery & Studios Summer Camp. I understand the photos may be used for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Cecy’s Gallery & Studios.

Parent’s/Guardian’s Initials _____

Transportation Release

I give permission for the transportation of my child for camp activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials _____

Informed Consent and Acknowledgement

I give my approval for my child’s participation in camp activities. I assume all risk and hazards related to the conduct of camp activities, and release, absolve, and hold harmless Cecy’s Gallery & Studios from any and all liability for injuries to my child arising from participation in camp activities. I hereby waive all claims against Cecy’s LLC, camp organizers, and camp counselors.

Parent’s/Guardian’s Initials _____

Please mail this application with your check to:

**Cecy’s Gallery & Studios
417 Foster Street
Durham, NC 27701**

Deadline: June 10, 2019